

SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at ethics.counsel@state.tn.us. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

1	a.	DATE OF DISCLOSURE S.74. b +			
	b.	REPORTING PERIOD [check box]:	30		
2.	а.	NAME OF CORPORATION/ENTITY TN Title Pledge ASSOCIATION	<u>, </u>		
	b.	NAME OF CEO, CFO, or TITLE AND NAME OF PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS Kim Canonia			
3.	a.	ADDRESS Street or Rural Route City State Zip Code			
- Lawrence		P.O. DN 58083 Nautrille TN 57205			
	þ.	PHONE NUMBER <u>65.298.8163</u>			
4.	LOBBYING INTERESTS				
	a.	List the general subject area(s) lobbled, e.g., "healthcare," "insurance," etc.			
	b.	Describe the general nature and interest of the entity employing or retaining lobbying services, e.g. "insurance company," "professional association," etc.			
			_		

6,

Page 2 of 3

TOTAL AGGREGATE LOBBYIST COMPENSATION. The term "compensation" is defined by T.C.A. § 3-6-301(7) as ". . . any salary, fee, payment, reimbursement or other valuable consideration, or any combination thereof, whether received or to be received; however, 'compensation' does not include the salary or reimbursement of an individual whose lobbying is incidental to that person's regular employment."

State the aggregate total amount of lobbyist compensation paid by the employer. For purposes of the disclosure, compensation paid to any lobbyist who performs duties for the employer in addition to lobbying and related activities shall be apportioned to reflect the lobbyist's time allocated for lobbying and related activities in this state (see activities small be apportioned to reflect the loopylet's time ellipsiative Action," and exceptions thereto, in more detailed definitions of "Lobbying," "Administrative Action" and "Legislative Action," and exceptions thereto, in

T.C.A. § 3-6-301). Authority: T.C.A. § 3-6-30.	3(a)(1)(A)-(K). (Check the appropriate box.)		
☐ Less than \$10,000	✓ At least \$10,000 but less than \$25,000		
☐ At least \$25,000 but less than \$50,000	At least \$50,000 but less than \$100,000		
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000		
☐ At least \$200,000 but less than \$250,000	☐ At least \$250,000 but less than \$300,000		
☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000		
☐ If the aggregate total amount is \$400,000 or more	e, you must round the aggregate total to the nearest fifty		
6. LOBBYIST NAMES. List the name Tennessee. Indicate whether they are emplox. Attach additional pages as needed. At	es of the individual lobbyists who rendered services in the State of bloyed within your organization by checking the "In-House Lobbyist" uthority: T.C.A. § 3-6-303(a)(1).		
LOBBYIST NAME	IN-HOUSE LOBBYIST		
Davin Mcmanan	<u></u>		
BOLL WINISTERO			
the state of the s			
Excluding lobbylst compensation (which is the employer to third party vendors, for the popinion or grassroots action in the State of relating to printing, publishing, advertising, bro digital video discs, infomercials, rallies, demonstrates.	reported under 5), state the aggregate total of expenses paid directly by purpose of influencing legislative or administrative action through public Tennessee. These expenditures include, but are not limited to, costs adcasting, paid announcements, audiotapes, videotapes, compact discs, constrations, seminars, lectures, conferences, postage, telephone related ices, governmental relations services, polling services, travel expenses, ations or any other expense incurred lobbying. Authority: T.C.A. § 3-6-		
Less than \$10,000	☐ At least \$10,000 but less than \$25,000		
At least \$25,000 but less than \$50,000	☐ At least \$50,000 but less than \$100,000		
☐ At least \$100,000 but less than \$150,000	☐ At least \$150,000 but less than \$200,000		
☐ At least \$200,000 but less than \$250,000	☐ At least \$250,000 but less than \$300,000		
☐ At least \$300,000 but less than \$350,000	☐ At least \$350,000 but less than \$400,000		
☐ If the aggregate total amount is \$400,000 or mo thousand dollars (\$50,000):	ore, you must round the aggregate total to the nearest fifty		

Page 3 of 3

8.	AGGREGATE TOTAL OF ALL IN-STATE EVENTS	
State repoi	e the aggregate total amount of all employer expenditures for all in-St rted to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority	ate event(s) which was or should have been : T.C.A, § 3-6-303(a)(3).
	N/A	
9.	TO BE SIGNED BY REPORTING OFFICIAL (must be atteste	d to by a witness)
best	I certify that the information contained in this Report is true and the of my knowledge, information and belief.	at it is a complete and accurate report to the
	4	5 · / 1 · 0 7 · Date
Signa Print	ature of Person Completing Report Name of Person: Source McDaniel	Date
	 the undersigned, acknowledge that I have reviewed the foregonate to the best of my knowledge, information and belief. 	oing Report and certify that is complete and
		<u> </u>
Sign: Print	ature of CEO, CFO or Authorized Representative. Name of Person: Joyce in Coantel	Date
ı, <u>É</u>	ALALA De. I e OBV (4.4), the undersigned, do hereby witnes (Printed Name of Witness) CFO or Authorized Representative	s the above signature of the CEO, e, which was signed in my presence.
	Luna Boo O'Drien	5.14.07
Sign	ature of Witness	Date

